

Private Disposition/Transfer

This form may be **voluntarily** submitted by the seller or transferor to report the sale, transfer of ownership, loss, or other disposition of a pistol or revolver (RCW 9.41).

Mail completed and signed original form to:

Department of Licensing, Firearms Unit, P.O. Box 9649, Olympia, WA 98507-9649

A. Seller or Transferor

I, _____, date of birth _____		
<small>Last Name,</small>	<small>First</small>	<small>Middle</small>
<small>Month</small>	<small>Day</small>	<small>Year</small>
report having sold, transferred, lost, or otherwise disposed of the pistol/revolver described below. I swear or affirm that the information submitted below is true and correct to the best of my knowledge and belief. The buyer or transferee is qualified to possess a pistol/revolver under RCW 9.41.040 or RCW 9.41.045.		
Signature X _____		Date _____

B. Description of Pistol/Revolver

PISTOL/REVOLVER SERIAL NO.		CALIBER	OTHER IDENTIFYING NUMBERS
CONDITION <input type="checkbox"/> New <input type="checkbox"/> Used	BARREL LENGTH	MAKE	COUNTRY OF MANUFACTURE
TYPE OF ACTION (<i>Automatic, Revolver, etc.</i>)		MODEL NO. OR NAME	

C. Buyer's Statement

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH (<i>MM, DD, YYYY</i>)	EYE COLOR	WEIGHT	HEIGHT	PLACE OF BIRTH
DRIVER'S LICENSE NO. & STATE		U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE & LOCATION OF NATURALIZATION (<i>if applicable</i>)		STATE ALIEN FIREARMS LICENSE NO.	
BUYER'S NAME (<i>Last, First, Middle</i>)						
HOME ADDRESS (<i>No. & Street</i>)			CITY	STATE	ZIP CODE	COUNTY
HOME TELEPHONE NO. ()	WASHINGTON RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	LENGTH OF TIME AS RESIDENT	OCCUPATION			
I certify that I am eligible to possess a pistol/revolver under RCW 9.41.040 or RCW 9.41.045.						
Signature X _____			Date _____			

D. Other Action or Information

LOST, STOLEN, ETC. – BRIEF DETAILS	
If not sold or transferred, please give approximate date and time of loss _____ Was law enforcement agency informed? <input type="checkbox"/> No <input type="checkbox"/> Yes – which agency _____ When _____ Reported to (<i>name/title</i>) _____	

This form must be printed and mailed with original signatures. Seller and buyer should retain copies.

**Upon Filing, This Document Becomes a Public Record and is
Subject to Public Disclosure Provisions Under RCW 42.56**

Instructions for Completing the Private Disposition/Transfer Form

1. Use this form to transfer handgun ownership or to report its loss/theft to the Department of Licensing. This is a voluntary form, but must be filled out in its entirety to be accepted. Please type or legibly print all information requested in dark ink. Incomplete or illegible forms will not be accepted.
2. Prior to selling or transferring a pistol/revolver, familiarize yourself with RCW 9.41, specifically RCW 9.41.040, 9.41.045, 9.41.080, and 9.41.170. You may obtain this RCW from your local library, or on our website at: dol.wa.gov
3. Both seller/transferor and buyer must sign this form. Original signatures are required. Both parties should keep a copy of the completed, signed form.
4. Aliens must have a weapons permit prior to purchasing a weapon. If selling to an alien, please visit the Firearms website (above) for instructions, or contact the Firearms unit at (360)664-6616.

Note to sellers: This form cannot be used for electronic transfers. The form must be printed, signed and sent, with original signatures, to the Department at the address indicated on the form. For assistance, please call (360)664-6616.